

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS     | ID NO. | DATE     |
|---------------------------|--------------|--------|----------|
| FEE DETERMINATION         | <i>M. H.</i> |        | 07-15    |
| O.I.P.E. CLASSIFIER       | <i>M. H.</i> |        | 7-19-01  |
| FORMALITY REVIEW          | <i>M. H.</i> | 1107   | 08/28/01 |
| RESPONSE FORMALITY REVIEW |              |        |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | ✓        |      |
| 2     | ✓     | ✓        |      |
| 3     | ✓     | ✓        |      |
| 4     | ✓     | ✓        |      |
| 5     | ✓     | ✓        |      |
| 6     | ✓     | ✓        |      |
| 7     | ✓     | ✓        |      |
| 8     | ✓     | ✓        |      |
| 9     | ✓     | ✓        |      |
| 10    | ✓     | ✓        |      |
| 11    | ✓     | ✓        |      |
| 12    | ✓     | ✓        |      |
| 13    | ✓     | ✓        |      |
| 14    | ✓     | ✓        |      |
| 15    | ✓     | ✓        |      |
| 16    | ✓     | ✓        |      |
| 17    | ✓     | ✓        |      |
| 18    | ✓     | ✓        |      |
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| 25    | ✓     | ✓        |      |
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| 49    | ✓     | ✓        |      |
| 50    | ✓     | ✓        |      |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

1901  
08/24/01